

EXHIBIT G



Insurance Service Center for:
American General Life Insurance Company

August 4, 2022

PRATIWI RUTLEDGE
19886 HARVEST DR
LAKEVILLE, MN 55044-4885

Policy Number: 4209668408
Claim Number: CF-17340-21
Insured: ROBERT RUTLEDGE

Dear PRATIWI RUTLEDGE:

Please accept our condolences once again for your loss. Our investigation is now complete and we would like to take this opportunity to thank you for your patience and to communicate our findings to you. As explained in detail below, due to material misrepresentations made by Robert Rutledge (the "Insured") in the application for policy number 4209668408 (the "Policy"), the Policy is void and no benefit will be paid.

The Policy was issued on the life of the Insured on January 16, 2021. The Policy was issued based on Part A of the application dated January 4, 2021, Part B of the application dated January 4, 2021, and the Policy Acceptance and Amendment of Application dated January 21, 2021. American General relied on the truthfulness of the answers given by the Insured and issued the Policy as applied for.

A policy of insurance is issued and approved based upon the information contained in an application for insurance. The application includes questions designed to obtain a true and complete disclosure of all facts regarding the applicant's medical and financial history and current condition. An insurer requires full and complete answers to these questions in order to determine whether it is appropriate to issue a policy of insurance. The importance of such a full and complete disclosure is emphasized by the representations made by the applicant in the application.

Question Number 1 on the application asks:

"Physician Information, Name, address and phone number of the Proposed Insured's personal Physician(s). (If no personal physician, provide name, address and phone number of last doctor consulted or medical facility visited or to which admitted.)"

This question was answered with: "Lori Creagan, Burnsville, MN."

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Question Number 1 further asks:

“Date of last office visit, reason, findings and treatment:

This question was answered with: “Date 2020, reason: physical, findings: normal, treatment: NA.”

Question Number 2 on the application asks:

“Does the Proposed Insured have a medical appointment scheduled within the next three months?”

This question was answered “no”.

Question Number 5B1 on Part B of the application asks:

“Has the Proposed Insured ever been diagnosed as having, been treated for, or consulted a member of the medical profession for: (1) coronary artery disease, heart attack, chest pain, shortness of breath, irregular heartbeat, heart murmur, or other disorder or disease of the heart?”

This question was answered “no”.

Question Number 5B2 on Part B of the application asks:

“Has the Proposed Insured ever been diagnosed as having, been treated for, or consulted a member of the medical profession for: blood clot, clotting disorder, aneurysm, stroke, transient ischemic attack (TIA), peripheral vascular disease, or other disease, disorder or blockage of the arteries or veins?”

This question was answered “no”.

Question Number 5B3 on Part B of the application asks:

“Has the Proposed Insured ever been diagnosed as having, been treated for, or consulted a member of the medical profession for: (3) cancer, leukemia, lymphoma, tumors or growths, masses, cysts or other similar abnormalities?”

This question was answered “no”.

Question Number 5C on part B of the application asks:

“Other than previously stated, has the Proposed Insured taken any medications, had treatment or therapy or been under medical observation within the past 12 months?”

This question was answered “no”.

Question Number 5G1 on part B of the application asks:

“Other than previously stated in the past 5 years, has the Proposed Insured: been hospitalized, consulted a member of the medical profession or had any illness, injury or surgery?”

This question was answered “no”.

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Question Number 5G2 on Part B of the application asks:

“Other than previously stated, in the past 5 years, has the Proposed Insured:
“Been advised by a member of the medical profession concerning an abnormal diagnostic test results, been advised to see a specialist, or been advised to have any diagnostic test, hospitalization, surgery, or treatment that was NOT completed (except for those tests related to the Human Immunodeficiency Virus), or does the proposed insured have any test results pending?”

This question was answered “no”.

Question Number 5H on Part B of the application asks:

“Has the Proposed Insured had any emergency room, emergency clinic, walk-in clinic, or free clinic visits during the past 5 years?”

This question was answered “no”.

Question Number 5K on Part B of the application asks:

“Within the last 5 years has the Proposed insured been treated for or been diagnosed by a member of the medical profession for any other medical, physical, or psychological condition NOT disclosed above?”

This question was answered “no”.

In signing Part A of the Application, the Insured agreed to the following language:

Except as may be provided in any Limited Temporary Life Insurance Agreement (“LTLIA”), I understand and agree that, even if I paid a premium, no insurance will be in effect under this application or under any new policy or any rider(s) that may be issued by the Company unless and until all three of the following conditions are met: (1) the policy has been delivered and accepted; (2) the first full modal premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answer to any question in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that, if all three conditions above are not met: (1) no insurance will be in effect; and (2) the Company’s liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

In signing Part B of the application, the Insured acknowledged and agreed as follows:

I have read the statements contained in this application and any attachments or they have been read to me. My answers to the questions in this application are true and complete to the best of my knowledge and belief. I understand that no information about me will be considered to have been given to the Company by me unless it is stated in the application. I agree to notify the Company of any changes in the statements or answers given in the application between the time of application and delivery of any policy. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially

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affects the acceptance of the risk; and (2) the policy is within its contestable period.

The Insured also signed a Policy Acceptance and Amendment of Application ("PAA") on January 4, 2021, and agreed to the following:

I represent, on behalf of myself and any person who may have been proposed for insurance, that to the best of my knowledge and belief:

- (1) There have been no changes to my occupation nor have I become unemployed since the date of the application; or
- (2) Neither I nor any other proposed insured has, since the date of the application:
 - (a) Consulted a licensed health care provider or received medical or surgical advice or treatment; or
 - (b) Acquired any knowledge or belief that any representation in the application, including information provided or an answer to a question, is now inaccurate, incomplete or untrue.

Because the Insured's death occurred within the Policy's two- year contestability period, American General conducted a routine investigation to determine the extent of our liability. During our investigation, we obtained medical records from Fairview Ridges Hospital dated December 21, 2019, documenting an emergency room visit for complaints of chest pain. The Insured reported onset of constant left upper chest pain with radiation to his axillary region and also complained of left shoulder pain. Cardiac work up with troponin levels, EKG, and chest x-ray were unremarkable. The Insured was diagnosed with chest wall pain, prescribed Tylenol, and discharged home.

Medical records show he was seen in the emergency room on January 15, 2021, due to left subclavian vein thromboembolism, left axillary mass, left arm pain, and left arm swelling. This emergency visit took place between the signing of the application on January 4, 2021, and the signing of the PAA on January 21, 2021. The Insured was sent to the ER by Allina Urgent Care due to findings from an ultrasound of left upper extremity done earlier that day which showed acute occlusive DVT (deep vein thrombosis) involving left mid and lateral subclavian veins as well as sub-occlusive DVT within the left axillary vein. During the ER visit he indicated he had an injury one year prior while lifting a door, which resulted in an abdominal hernia. At that time, he was found to have a mass under his left arm that he was instructed to follow up for. However, the records show he did not follow up.

The physician felt it was likely the Insured's symptoms were related to the left axillary mass causing compression of the subclavian vein, and he was placed on Xarelto. The physician's notes also state, "I spoke with Amy Reed of vascular surgery regarding patient's presentation, findings, and plan of care. Follow up care was recommended with surgery and endovascular medicine in August of last year," i.e., 2020. The Insured was advised to follow up with his primary care physician and follow up with MN Vascular Clinic in Burnsville, MN, and he was advised to get scans and biopsy as recommended.

June 9, 2021, medical records received from Fairview Ridges Hospital document that the Insured met with Dr. O'Donnell on January 28, 2021, and an excisional biopsy of lymph node and armpit was recommended; but there was further delay, and this was

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not done. On June 3, 2021, an excisional biopsy of left axillary lymph node was performed, which confirmed metastatic malignant melanoma.

Oncology notes by Dr. Sandeep Jain state from July 15, 2021, state, "I have summarized his oncologic history below. In brief he was aware of a lump in his left axilla in August 2020. At the time in the record, it was noted patient had a 4- inch mass palpable in left axilla. He was advised to get a biopsy right way, however there was hesitation on his part and delay in biopsy. The final biopsy was finally completed in June 2021 when it showed a metastatic melanoma."

This information obtained by the Company shows the answers on the application detailed above to be incorrect and incomplete at the time the Policy was issued. Furthermore, the above-referenced surgical procedures and corresponding diagnoses occurred prior to the Insured signing the PAA and prior to coverage being placed. The undisclosed facts were clearly material to the risk and had the Company been made aware of these facts at the time of the application, the Policy would not have been issued.

For these reasons, and for other reasons which may exist but are not necessarily described in this letter, it is American General's position that the Policy is void, and our liability is limited to a refund of premiums paid plus interest. A check for the refund of premiums paid, plus interest will be mailed to you under separate cover. Please note that your acceptance and cashing of the refund check is an express recognition and agreement by you that the Policy is fully rescinded and that the Company has no further obligations or liability arising from the Policy and/or the application.

If you disagree with the Company's decision and have or know of any additional information which you feel may have some bearing on the decision we have made, please submit that information to us for consideration at the following address:

American General Life Insurance Company
Attn: Life Claims,
P.O. Box 818100
Cleveland, OH 44181

We understand and are sympathetic to the questions you may have, so please do not hesitate to contact us at 1.844.452.3832.

Sincerely,

Individual Claims Department

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